

Attorney's Docket No. _____

COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

- ☒ original
☐ design
☐ supplemental

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items.

- ☐ national stage of PCT

NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

- ☐ divisional
☐ continuation
☐ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

FEMININE GARMENT PROVIDING A SEXUALLY STIMULATING EFFECT

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c))

- (a) ☐ is attached hereto.
(b) ☐ was filed on _____ as ☐ Serial No. 0 / _____
or ☐ Express Mail No., as Serial No. not yet known _____
and was amended on _____ (if applicable).

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

- (c) ☒ was described and claimed in PCT International Application No. ES96/00159
_____ filed on August 12, 1996 and as amended
under PCT Article 19 on _____ (if any).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code Federal Regulations § 1.56.

☐ In compliance with this duty there is attached an information disclosure statement 37 CFR 1.97.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign applications(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) ☐ no such applications have been filed.
(e) ☐ such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. claimed priority check item (e), enter the details below and make the priority claim.

**EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN(S)) PRIOR TO THIS U.S. APPLICATION**

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN(S)) PRIOR TO THIS U.S. APPLICATION**

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number) Alvin D. Shulman 19,412; Trevor B. Jioke 25,542; Richard A. Schnurr 30,890; James J. Napoli 32,361; Donald J. Brott 19,490; Timothy J. Vezeau 26,348; Anthony Nimmo 30,920; Richard M. La Barge 32,250; Owen J. Murray 22,111; Carl E. Moore Jr. 26,487; Christine A. Dudzik 31,245; Jeffry W. Smith 33,455; Allen H. Gerstein 22,218; Richard H. Anderson 26,526; Kevin D. Hogg 31,839; Douglass C. Höchstetler 33,710; Cynthia L. Schaller 34,245.

(check the following item, if applicable)

- ☐ Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:

(Name and telephone number)

MARSHALL, O'TOOLE, GERSTEIN,
Murray & Borun
6300 Sears Tower, 233 S. Wacker Drive
CHICAGO, Ill. 60606-6402

312-474-6300

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor

LUIS ALVAREZ FERNANDEZ

Inventor's signature

Date March 30, 1998

Country of Citizenship

Spain

ESX

Residence I. R. Solis 6. 33430 CANDAS (CARREÑO) - OVIEDO, Spain

Post Office Address I.R. Solis 6. 33430 CANDAS (CARREÑO) - OVIEDO, Spain.

Full name of second joint inventor, if any

Inventor's signature

Date

Country of Citizenship

Residence

Post Office Address

**CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGES(S)
WHICH FORM A PART OF THIS DECLARATION**

- ☐ Signature for third and subsequent joint inventors. *Number of pages added* _____
- ☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. *Number of pages added* _____
- ☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. *Number of pages added* _____

- ☐ Added pages to combined declaration and power of attorney for divisional, continuation-in-part (CIP) application.

☐ *Number of pages added* _____

- ☐ Authorization of attorney(s) to accept and follow instructions from representative.

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item.

☐ This declaration ends with this page.

USA

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

☐ In re application of*: LUIS ALVAREZ FERNANDEZ

Serial No.:

Group No.:

Filed:

Examiner:

For*: FEMININE GARMENT PROVIDING A SEXUALLY STIMULATING EFFECT.

☐ Patent No.:

Issued:

*NOTE: Insert name(s) of inventor(s) and title also for patent. Where statement is with respect to a maintenance fee payment also insert application serial number and filing date and add Box M. Fee to address.

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9(c-f) and 1.27(b-d))**

With respect to the invention described in

☒ the specification filed herewith.

☐ application serial no. _____, filed _____

☐ patent no. _____, issued _____

I. IDENTIFICATION OF DECLARANT AND RIGHTS AS A SMALL ENTITY

I hereby declare that I am

(complete either (a), (b), (c) or (d) below):

(a) Independent Inventor

☒ a below named independent inventor and that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code to the Patent and Trademark Office.

(b) Non-Inventor Supporting a Claim By Another

☐ making this verified statement to support a claim by _____

for a small entity status for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code and I hereby declare that I would qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under 41(a) and (b) of Title 35, United States Code, if I had made the above identified invention.

(c) Small Business Concern

☐ the owner of the small business concern identified below:

☐ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN _____

ADDRESS OF CONCERN _____

and

that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under Section 41(a) and (b) of the Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500

persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

(d) Non-Profit Organization

- ☐ an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

TYPE OR ORGANIZATION

- ☐ UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION
- ☐ TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) and 501(c) (3))
- ☐ NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA
(NAME OF STATE _____)
(CITATION OF STATUTE _____)
- ☐ WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) and 501(c) (3)) IF LOCATED IN THE UNITED STATES OF AMERICA
- ☐ WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA
(NAME OF STATE _____)
(CITATION OF STATUTE _____)

and that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code.

II. OWNERSHIP OF INVENTION BY DECLARANT

I hereby declare that rights under contract or law remain with and/or have been conveyed to the above identified

- | | | |
|------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> person
(item (a) or (b) above) | <input type="checkbox"/> concern
(item (c) above) | <input type="checkbox"/> organization
(item (d) above) |
|------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------|

EXCEPT, that if the rights held are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held (1) by any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, (2) any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or (3) a non-profit organization under 37 CFR 1.9(e).

- ☐ no such person, concern, or organization
- ☐ person, concerns or organizations listed below*

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27).

(Small Entity Verified Statement (37 CFR 1.9(c-f) and 1.27(b-d) [7-10]—page 2 of 4)

652263 4474000

FULL NAME _____

ADDRESS _____

☐ INDIVIDUAL

☐ SMALL BUSINESS CONCERN

☐ NONPROFIT ORGANIZATION

FULL NAME _____

ADDRESS _____

☐ INDIVIDUAL

☐ SMALL BUSINESS CONCERN

☐ NONPROFIT ORGANIZATION

III. ACKNOWLEDGEMENT OF DUTY TO NOTIFY PTO OF STATUS CHANGE

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

IV. DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

V. SIGNATURES

(complete only (e) or (f) below)

(e)

NOTE: All inventors must sign the verified statement

Name of Inventor _____

LUIS ALVAREZ FERNANDEZ

Date March 30, 1998

Signature of Inventor _____

Name of Inventor _____

Date _____

Signature of Inventor _____

Name of Inventor _____

Date _____

Signature of Inventor _____

add lines for any additional inventors who must sign

OR

(f)

NOTE: The title of the person signing on behalf of a concern or non-profit organization should be specified.

NAME OF PERSON SIGNING _____

TITLE OF PERSON _____

(If signing on behalf of a concern or non-profit organization)

ADDRESS OF PERSON SIGNING _____

SIGNATURE _____ DATE _____